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Pathways to Independence Youth Mentor Parental Consent Form

Parent/Guardian Name _____

Child Name _____

I hereby certify that I am the parent and/or lawful guardian of the child named above. I hereby give my permission for the child named above to participate in the Pathways to Independence Mentoring Program. I understand that all mentors have undergone a criminal background check and medical clearance.

I understand and agree that when my child participates in the Pathways Mentoring Program, that he or she may be in regular contact with both the Pathways program office and a mentor assigned to him or her.

I understand that the program mentor may be in contact with my child a minimum of 4 hours per month by phone, email or personal visitation. I will work with the assigned mentor to determine the most suitable time and arrangements.

If I cannot be reached, the mentor is authorized to obtain emergency medical treatment or referral necessary, including transport to a medical facility, which the Pathways staff determines to be in the best interests of the child, and I release Morris County Prevention Is Key, Inc. (MCPIK) and its employees and volunteers from any and all acts taken in good faith.

1. I acknowledge that MCPIK, the Pathways to Independence Program and the assigned mentor assumes no responsibility for any risks associated with voluntary participation in the Pathways Mentoring Program.

2. In exchange for the opportunity to participate in the Pathways Mentoring Program, on behalf of the child, I freely and fully waive any present and future claim by me, my spouse, my child, and their heirs and legal representatives against MCPIK for any injury or loss suffered by the child as a result of his or her participation in the Pathways Mentoring Program.

I understand that I can request that my child be reassigned a new mentor at any time or withdraw my child from the mentoring program at any time.

Parent/Guardian Signature _____

Date _____

